



# KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

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Summer 2009

Welcome to the Summer 2009 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

## KMAP Helpful Phone Numbers

Provider Customer Service: 1-800-933-6593  
(AVRS-Automatic Voice Response System) Press '1' then:  
0-Customer Service Representative  
1-Eligibility, NDC Coverage, & Claim Status  
2-Reset Pin Numbers  
3-EDI (Electronic Data Interchange)

Prior Authorization: 1-800-285-4978

Beneficiary Customer Service: 1-800-766-9012

## Topics Inside This Issue:

*New AutoPA Process*

*Seasonal Focus: Medications that Increase Photosensitivity*

*Drug Utilization Review Program*

*Preferred Drug List*

## New AutoPA Process

The Kansas Health Policy Authority (KHPA) is excited to announce the launch of a new automated prior authorization (AutoPA) system for Point of Sale (POS) and Internet pharmacy claims. AutoPA decreases prescriber and pharmacy administrative duties while expediting beneficiary care. Currently, approximately 40 drug classes have been added to the AutoPA process. KHPA, in conjunction with Electronic Data Systems (EDS), an HP company, is working to enhance the AutoPA system to allow for a more robust prior authorization (PA) program.

In the past, when a beneficiary needed a prescription for a medication requiring a PA, it was always necessary to follow the traditional PA process. The traditional PA process involves essentially three steps: step 1 - the pharmacy receives a "prior authorization" required message, fills out their portion of the prior authorization form and faxes the form to the prescriber; step 2 - the prescriber completes required documentation and faxes it to the prior authorization unit; step 3 - a prior authorization unit nurse reviews the request and subsequently notifies the prescriber and/or pharmacy of the result.

The AutoPA system allows many prescriptions which require a PA to be approved without completing the traditional PA process, in a matter of seconds. This is a paperless approval process for select medications requiring PA. The AutoPA system searches the beneficiary's health profile to determine if PA criteria have been met. If PA criteria are met, the system automatically generates a PA and processes the claim. If a claim does not qualify for an automated PA, the pharmacy will receive a reject code indicating "Prior Authorization Required." The pharmacy must then initiate the traditional PA process.

Many benefits are realized when using the AutoPA system:

- It is a paperless system—there are no forms to download, complete, or fax.
- There are no phone calls to make to the prescribing provider or the PA team.
- It provides the beneficiary immediate access to medication due to the rapid turnaround time.
- It saves time for both pharmacists and prescribers.

## Seasonal Focus: Medications that Increase Photosensitivity

Summer is here, and while it is important to remind patients to use sunscreen year round, many people spend more time in the sun during the summer months. Inform patients to use a sunscreen with an SPF 15 or greater and be sure they are using a product that covers both UVA & UVB rays. This is especially important for patients taking medications that increase photosensitivity. The following table is a summary of commonly-prescribed medications that can cause photosensitivity.

Therapeutic Class	Drugs
Analgesic Agents	<b>NSAIDs*</b> , <b>COX-2 Inhibitors*</b> , cyclobenzaprine, dantrolene, sumatriptan
Antibiotics	<b>Fluoroquinolones*</b> , <b>Tetracyclines*</b> , <b>Sulfonamides*</b> , azithromycin, metronidazole
Anticonvulsants	carbamazepine, felbamate, gabapentin, lamotrigine, oxcarbazepine, phenytoin, topiramate, valproic acid
Antidepressants	<b>Tricyclic Antidepressants*</b> , <b>Selective Serotonin Reuptake Inhibitors*</b> , bupropion, mirtazapine, nefazodone, trazodone, venlafaxine
Sulfonylureas	glimepiride, glipizide, glyburide
Antihistamines	cetirizine, diphenhydramine, loratadine, promethazine
Antifungals	flucytosine, griseofulvin, itraconazole, ketoconazole, voriconazole
Antipsychotics	<b>Phenothiazines*</b> , clozapine, haloperidol, loxapine, olanzapine, quetiapine, risperidone, ziprasidone
Antivirals	acyclovir, amantadine
Diuretics	hydrochlorothiazide, metolazone, bumetanide, furosemide, triamterene
Hormones	<b>Oral contraceptives*</b> , corticosteroids
Sedative/Hypnotics	alprazolam, chlordiazepoxide, zaleplon, zolpidem
Skin Agents	benzocaine, isotretinoin, minoxidil, tacrolimus, tretinoin
Antihypertensives	<b>Calcium Channel Blockers*</b> , captopril, enalapril, hydralazine, labetalol, sotalol
Cardiovascular Agents	<b>Statins*</b> , fenofibrate, acetazolamide, amiodarone, methyl dopa, quinidine, clopidogrel

\*While the majority of drugs in this class cause photosensitivity, information for specific medications within the drug class can be found in the package insert.

## Drug Utilization Review (DUR) Program

The DUR (Drug Utilization Review) Board is responsible for implementing and operating the DUR Program and making recommendations to the Kansas Health Policy Authority (KHPA) regarding drug therapy issues. As required by Kansas law, the DUR Board consists of four physicians, four pharmacists, and one Advanced Registered Nurse Practitioner or Physician's Assistant. Each appointment to the Board is for three years.

The DUR Program provides education to physicians, mid-level practitioners, and pharmacists regarding outpatient medications. This education is provided through population-based interventions, academic detailing visits, and a quarterly newsletter.

There are several population-based interventions throughout the year with the targeted population chosen by the DUR Board. Patient profiles are reviewed based upon the chosen intervention. Once profiles have been reviewed, informational letters are sent to prescribers along with a copy of the patient profile. Additionally, a form is included for the prescriber to provide feedback.

All DUR Board meetings are open to the public; please visit the KHPA Web site at <http://www.khpa.ks.gov/> for more information.

## Preferred Drug List (PDL)

The Kansas Health Policy Authority utilizes a Preferred Drug List (PDL) based on safety, effectiveness, and clinical outcome data in order to promote clinically appropriate utilization of pharmaceuticals for high quality, cost-effective treatment. Management of the PDL is guided by the PDL Advisory Board which is composed of practicing physicians and pharmacists who carefully evaluate evidence-based clinical information to determine the relative uniqueness of individual medications within a class of medications. If their evaluation of the evidence allows them to determine that agents in the drug class are therapeutically equivalent, KHPA ascertains which agent is most cost-effective for placement as a PDL preferred drug.

All PDL Advisory Board meetings are open to the public. Please visit the KHPA Web site at <http://www.khpa.ks.gov/> for the complete PDL and for more information about PDL Advisory Board meetings. A summary table of drug classes included in the PDL is provided below. Drug classes not specifically included on the PDL are covered and do not have individual agents in the class designated as preferred. Clinical prior authorization criteria may still apply.

## Drug Classes on the Preferred Drug List (PDL)

- |   |   |   |
|---|---|---|
| • Adjunct Antiepileptics*                   | • ACE Inhibitors*                               | • Triptans*   |
| • Non-Sedating Antihistamines*              | • ARBs*   | • Non-Benzodiazepine Sedative Hypnotics*                  |
| • Intranasal Corticosteroids*               | • Beta-Blockers*                                | • Non-Scheduled Novel Sleep Agents*                       |
| • Meglitinides*                             | • ACE Inhibitor/Calcium Channel Blocker Combos* | • HMG-CoA Reductase Inhibitors (Statins)*                 |
| • Alphaglucoosidase Inhibitors*             | • Calcium Channel Blockers*                     | • Skeletal Muscle Relaxants*                              |
| • 2 <sup>nd</sup> Generation Sulfonylureas* | • H <sub>2</sub> Antagonists*                   | • Muscle Relaxants (Spasticity)*                          |
| • Biguanides*                               | • Proton Pump Inhibitors*                       | • Bisphosphonates*  |
| • Thiazolidinediones*                       | • Ophthalmic Prostaglandin Analogs*             | • Anticholinergics*                                       |
| • Insulin (Delivery Systems)*               | • Growth Hormone*                               | • Long & Short Acting Inhaled Beta <sub>2</sub> Agonists* |
| • Serotonin 5HT <sub>3</sub> Antagonists*   | • Fibric Acid Derivatives*                      |   |
| • Antiherpes Virus Agents*                  | • NSAIDs*                                       |   |
| • Inhaled Corticosteroids*                  |   |   |

\* Included in the Auto PA System to allow for paperless renewal of previous approvals of non-preferred drugs

## Helpful Websites

### Kansas Medical Assistance Program (KMAP)

<https://www.kmap-state-ks.us/>

- Provider Manuals
- Bulletins
- Electronic Remittance Advice
- Prescriber NPI
- Beneficiary Eligibility

### Kansas Health Policy Authority (KHPA)

<http://www.khpa.ks.gov/pharmacy/default.htm>

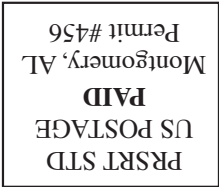
- PDL Information
- PA Forms
- DUR Information



Health Information Designs, Inc. (HID) provides drug utilization review and pharmacy benefit management services. We specialize in helping our clients promote clinically appropriate and cost effective prescribing, dispensing, and utilization of prescription drugs.

For 33 years, HID has worked to improve the quality and cost effectiveness of healthcare through the clinically rational use of prescription medication. Our clients include public and private healthcare plans throughout the U.S. with a combined total of over 14 million covered lives.

Health Information Designs, Inc. was founded in 1976 and is incorporated as a C Corporation in the State of Delaware. HID's initial mission was to market drug utilization review (DUR) services nationally and since its founding, has provided DUR services for clients in approximately one-half of the United States. HID is headquartered in Auburn, Alabama, with regional offices in Arkansas, Maryland, and Mississippi.



Health Information Designs, Inc.  
391 Industry Drive  
Auburn, AL 36832  
Ph 800-748-0130  
Fax 800-748-0116